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Alzheimer's Disease Plan Working Group		
9.12.2018		
Call In Info: 1-877-400-9499		Conference Code: 140 429 7129
Leader Pin:		
Meeting called by	EO 18-14	
Type of meeting	3/8	
Facilitator	Ann Elifrits	
Note taker	Jamie Medaris, Assistant Administrator, KDHE	
Attendees	<p>In attendance – Debbie Biehl, Janie Carney, Ann Elifrits, Jamie Gideon, Rep. Eileen Horn, LaVeta Jarrett, Ryan Lester, Mitzi McFatrigh, Cindy Miller, Michelle Niedens, Amy Siple, Kathy Vance, Belinda Vierthaler, Don Woodard</p> <p>By telephone – Bill Carr, Heather Porter,</p> <p>Absent – Dr. Jeff Burns, Brad Fischer, Leslie Hale, Rick Hoffmeister, Rev. William Mason, Justin McFarland, Rep. Abraham Rafie.</p> <p>Guests - Barb Conant, Rachel Imthurn</p>	
Topics:		
Presenters:		
Discussion	<ul style="list-style-type: none">• Introductions• LaVeta Jarrett was welcomed to the working group.• Registration information re: “Kansas Education Conference on Dementia 2018” was discussed. Registration forms were available at the meeting for anyone interested in attending.• Next meeting will be Wednesday, September 19, 2018 at 1:00 pm. <p>Discussion re Work Plan subgroups – Kathy Vance discussed legal issues pertaining to persons with Alzheimer’s and their caregivers. Legal issues may overlap categories or could be its own category? Mitzi McFatrigh and LaVeta Jarrett will join this subgroup.</p> <p>Discussed naming conventions for various senior living settings. Suggestions included: “Adult Care Homes” instead of “Residential Services”? Subgroup members are encouraged to use consistent terminology within their recommendations and a suggestion was made to include a glossary of terms in the report to the Governor.</p> <p>Eileen Horn had questions about category 5, “Home and Community Based Services”. Discussed the various waiver services included under this heading (PD, FE, TBI, I/DD, etc). Eileen suggested elder abuse should have its own sub-group, perhaps in the Legal section.</p>	

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The need for Transportation for seniors was discussed. May fit best under #3, "Diagnosis and Treatment" since it relates to access; patients need reliable transportation to attend appointments.

HCBS – Dr. Jeff Burns and Mitzi McFatrach will work on this.

Ann suggested each subgroup be responsible to recommend consistent naming conventions; use of a particular term/phrase and to provide a working definition of any term/phrase used in their recommendation.

- **Review of Draft Recommendation for "Education and Training"**

Cindy Miller lead a discussion of this subgroup's initial outline for their recommendation .

Dementia specific training requirements for LTC staff
Competency based dementia training of all direct services

- Cindy Miller led the group through the state training regulations regarding long-term care providers. This includes skilled nursing, assisted living/residential health care/home plus/adult day care, and hospice.
- Staff training/orientation in LTC & Assisted Living consists of a 12-hour training requirement. Would it be feasible to add another 12 hours to this requirement or a specific number of hours of dementia training?
- Training should be mandatory for all employees. Staff turnover was discussed and cooperation between facilities could be helpful when a staff person moves from facility to facility; possibly allowing staff members to 'test out' by demonstrating competencies taught in the training?
- Many facilities have moved to online training, such as Relias, to reduce training costs and to accommodate shift workers.
- Debbie Biehl described the comprehensive training her facility staff receive; not just clinicians. Expert speakers on pertinent topics are brought in to add variety and increase quality of information presented. A description of this type of training approach may be helpful to include in the final report's appendix.
- Training requirements could be gradually implemented to allow facilities to develop capacity/procedures and regulations phased in after a period of start up time.
- Training to address the needs of the family caregiver would be helpful to assist family members coping with the emotional/social/physical/logistic challenges of a progressive disease. Challenging behaviors which may accompany Alzheimer's should be addressed.
- Key players that were identified are as follows:
 - KDADS
 - KS Legislature
 - KS Long-Term Care Ombudsman

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	<ul style="list-style-type: none"> ➤ Kansas Advocates for Better Care ➤ Leading Age ➤ Kansas Health Care Association ➤ Kansas Hospice and Palliative Care Association ➤ Capil ➤ Interhab <ul style="list-style-type: none"> • Where would issues/concerns re tube feeding go in our categories? • Michelle discussed a KU program called “My Alliance” described as a partnership with primary care physicians. Patients trust their PCP more than a specialist. At diagnosis patient and their family are connected to a navigator. Navigators help the PCP’s with connecting patients to needed resources and help ease transitions in a progressive disease process. This program helps with patient understanding wellness, coaching, patient empowerment. • Discussion on Long-term care score card. What subgroup may be best fit? • Bill Carr talked about “Project Lifesaver” a program law enforcement officials in several KS counties use as a guide when dealing with Alzheimer’s patients. Teaches LEO’s how to de-escalate a person with Alzheimer’s who is displaying challenging behavior(s). Maybe we could model some training on this project? • Janie Carney discussed the high cost of long-term care, the negative impact of high costs on family finances, and the need for long-term care insurance. What can be done as an incentive to encourage Kansans to purchase this type of insurance (tax incentives)? • Subgroups met
Conclusions	See Action Items

Action Items for Next Meeting	Person Responsible	Deadline
1. Send the work plan from the last meeting to all work group members.	Jamie Gideon	9/14/18
2. Send list of work group members with title and agency or affiliation only.	Ann Elifrits	9/14/18
3. Each subgroup will research the assigned subtopic to develop recommendations in draft format. <i>Subgroup members are expected to email and/or meet in between working group meetings to draft recommendations.</i>	ALL	ongoing
4. 3.Subgroups should consider who are the ‘key players’ to successfully implement recommendations and to include names, titles, agencies in their draft recommendations.	ALL	ongoing

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5. Subgroups should use consistent terminology/phrasing when describing care settings in their recommendations; plan to include a glossary in final report.	ALL	ongoing
Recommendations		
Completed Action Items		
SUB TOPIC ASSIGNMENTS: *** <i>Please note additions to subgroups below & corresponding Roman numeral to Work Plan format</i>		
II. State role in LTC & quality care measures for LTC facilities	Wayne, Janie, Kathy, Ryan, Ann, Heather, Mitzi	
IX. Family, caregiver support & assistance to persons with early-stage & early onset of Alzheimer's	Janie, Cindy, Amy, Wayne, Rick	
VIII. Surveillance of persons with Alzheimer's disease for purposes of having proper estimates of the number of persons in the state with Alzheimer's disease	Ryan, Cindy	
III. The inappropriate use of antipsychotic medications to treat symptoms of dementia & comprehensive strategies to reduce this use	Dr. Jeff, Crystal, Mitzi, Janie, Amy	
I. Type, cost & availability of dementia services	Eileen, Debbie, Justin, Brad	
VII. Dementia-specific training requirements for LTC staff	Belinda, Mitzi, Cindy, Debbie	
VII. Capacity of public safety & law enforcement to respond to persons with Alzheimer's	Bill, Ann	
V. Availability of home- & community-based resources for persons with Alzheimer's & respite care to assist families; inventory of LTC dementia care units; adequacy & appropriateness of geriatric-psychiatric units for persons with behavior disorders associated with Alzheimer's & related dementia; assisted living residential options for persons with dementia	Mitzi, Heather, Dr. Jeff	
XI. State support of Alzheimer's research through KS universities & other resources	Amy, Dr. Jeff	
Needed State policies or responses, including but not limited to directions for the provision of clear & coordinated services & supports to persons & families living with Alzheimer's & related disorders & strategies to identify gaps in services	ALL	
SEE NEXT PAGE..		

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